

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

CALIFORNIA  
FORM

**460**

Date Stamp

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CITY OF TORRANCE  
CITY CLERK'S OFFICE

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For Official Use Only

**ORIGINAL**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/2013  
through 12/31/2013

Date of election if applicable  
(Month, Day, Year)

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)
- ☒ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

- ☐ Preelection Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER

761167

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Torrance Police Officers' Association PAC

STREET ADDRESS (NO P.O. BOX)

22945 Arlington Ave.

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance, CA 90501 310-325-8762

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

310-325-5618

TPOA229@AOL.COM

**Treasurer(s)**

NAME OF TREASURER

Rick Rudd

MAILING ADDRESS

22945 Arlington Ave.

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance, CA 90501 310-325-8762

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief the information furnished is true and correct under penalty of perjury under the laws of the State of California that the foregoing is true.

schedules is true and complete. I certify

Executed on 01/27/2014  
Date

By [Redacted Signature]

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2013 through 12/31/2013	CALIFORNIA FORM <b>460</b> Page 3 of 13 I.D. NUMBER 761167
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 6,400.00	\$ 12,695.00
2. Loans Received .....	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 6,400.00	\$ 12,695.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 6,400.00	\$ 12,695.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 8,926.37	\$ 22,221.37
7. Loans Made .....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 8,926.37	\$ 22,221.37
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	0.00	300.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 8,926.37	\$ 22,521.37

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 173,287.78
13. Cash Receipts .....	Column A, Line 3 above	6,400.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	63.81
15. Cash Payments .....	Column A, Line 8 above	8,926.37
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 170,825.22

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00
------------------------------------	--------------------	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 300.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2013</u> through <u>12/31/2013</u>		CALIFORNIA FORM <b>460</b>
		Page <u>4</u> of <u>13</u>
		I.D. NUMBER 761167

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				0.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 6,400.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 6,400.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

Statement covers period  
 from 07/01/2013  
 through 12/31/2013

CALIFORNIA  
 FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

I.D. NUMBER

761167

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/06/2013	Bill Sutherland Mayor City of Torrance	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,000.00	1,000.00	P 14 1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/27/2013	Cliff Numark Community College Board El Camino College	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,000.00	1,000.00	G 13 1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				2,000.00		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 2,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ 2,000.00**

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULEE

CALIFORNIA  
FORM

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Statement covers period

from 07/01/2013

through 12/31/2013

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I.D. NUMBER

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bill Sutherland for Mayor 2014 (#1348689) Torrance, CA 90501-2002	CTB		1,000.00
Cliff Numark for El Camino Trustee 2013 (#1357523) Torrance, CA 90503	CTB		1,000.00
MasterCard P.O. Box 31279 Tampa, FL 33631		Credit card payment	1,340.47

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 3,340.47

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 8,868.47
2. Unitemized payments made this period of under \$100	\$ 57.90
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 8,926.37</b>

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from	07/01/2013	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Netfile  2707 Aurora Rd. Mariposa, CA 95338	PRO		275.00
Stephen Sammarco  2304 Mathews Ave., Suite 4 Redondo Beach, CA 90278	CNS		1,000.00
Secretary of State  1500 11th Street, Room 495 Sacramento, CA 95814	OFC		50.00
The Rotary Club of Torrance  1145 6th Street Hermosa Beach, CA 90254	MTG		195.00
The Rotary Club of Torrance  1145 6th Street Hermosa Beach, CA 90254	MTG		216.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 1,736.00

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
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NAME OF FILER

Torrance Police Officers' Association PAC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Rotary Club of Torrance  1145 6th Street Hermosa Beach, CA 90254	MTG	Dues		220.00
The Rotary Club of Torrance  1145 6th Street Hermosa Beach, CA 90254		Dues & donation		545.00
The Rotary Club of Torrance  1145 6th Street Hermosa Beach, CA 90254	MTG	Dues		170.00
Torrance Area Chamber of Commerce  3400 Torrance Blvd., #100 Torrance, CA 90503		Dues		405.00
Torrance Kiwanis Club  818 Manhattan Beach #200 Manhattan Beach, CA 90266		Dues		65.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 1,405.00

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Torrance Kiwanis Club  818 Manhattan Beach #200 Manhattan Beach, CA 90266		Dues		65.00
Torrance Kiwanis Club  818 Manhattan Beach #200 Manhattan Beach, CA 90266		Dues		65.00
Torrance Kiwanis Club  818 Manhattan Beach #200 Manhattan Beach, CA 90266		Dues		257.00
Yolanda Miranda & Associates  728 W. Edna Place Covina, CA 91722	PRO			300.00
Yolanda Miranda & Associates  728 W. Edna Place Covina, CA 91722	PRO			500.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 1,187.00

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
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SCHEDULE E (CONT.)

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through 12/31/2013		Page 10 of 13
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yolanda Miranda & Associates  728 W. Edna Place Covina, CA 91722	PRO		300.00
Yolanda Miranda & Associates  728 W. Edna Place Covina, CA 91722	PRO		300.00
Yolanda Miranda & Associates  728 W. Edna Place Covina, CA 91722	PRO		300.00
Yolanda Miranda & Associates  728 W. Edna Place Covina, CA 91722	PRO		300.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 1,200.00

# Schedule F

## Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from 07/01/2013 through 12/31/2013	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Yolanda Miranda & Associates  728 W. Edna Place Covina, CA 91722	PRO	300.00	0.00	300.00	0.00
Yolanda Miranda & Associates  728 W. Edna Place Covina, CA 91722	PRO	0.00	300.00	0.00	300.00
<b>SUBTOTALS \$</b>		300.00 \$	300.00 \$	300.00 \$	300.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

### Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 300.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 300.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 0.00  
May be a negative number

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G

Statement covers period from 07/01/2013 through 12/31/2013	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Torrance Police Officers' Association PAC

I.D. NUMBER

761167

NAME OF AGENT OR INDEPENDENT CONTRACTOR

MasterCard

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
 CNS campaign consultants  
 CTB contribution (explain nonmonetary)\*  
 CVC civic donations  
 FIL candidate filing/ballot fees  
 FND fundraising events  
 IND independent expenditure supporting/opposing others (explain)\*  
 LEG legal defense  
 LIT campaign literature and mailings

MBR member communications  
 MTG meetings and appearances  
 OFC office expenses  
 PET petition circulating  
 PHO phone banks  
 POL polling and survey research  
 POS postage, delivery and messenger services  
 PRO professional services (legal, accounting)  
 PRT print ads

RAD radio airtime and production costs  
 RFD returned contributions  
 SAL campaign workers' salaries  
 TEL t.v. or cable airtime and production costs  
 TRC candidate travel, lodging, and meals  
 TRS staff/spouse travel, lodging, and meals  
 TSF transfer between committees of the same candidate/sponsor  
 VOT voter registration  
 WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Westin Sacramento 4800 Riverside Blvd. Sacramento CA 95822	TRS	09/12-13/13 Lodging for 1 person Re: CLEA Meeting	451.17

Attach additional information on appropriately labeled continuation sheets.

**TOTAL \* \$ 451.17**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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# Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

CALIFORNIA  
FORM **460**

Statement covers period

from 07/01/2013

through 12/31/2013

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NAME OF FILER

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 0.00

## Schedule I Summary

- Itemized increases to cash this period. \$ 0.00
- Unitemized increases to cash of under \$100 this period. \$ 63.81
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 63.81

FPPC Form 460 (January/05)

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